

# Level I:

WIC Certification Program



## Orientation Module

Colorado Department of Public  
Health and Environment  
Nutrition Services/WIC Program  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
(303) 692-2400



**COLORADO**  
Department of Public  
Health & Environment

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# Preface

Welcome to the Special Supplemental Nutrition Program for Women, Infants, and Children, better known as WIC! After observing in the clinic for a few days, you may be wondering how you will ever know all of the WIC Program's details and be able to start serving participants!

Fortunately, the Colorado WIC Program has a training program that will help you develop the knowledge and skills necessary to successfully do your job.

This module will guide you through some of the first steps necessary to gain the skills for your new position -namely, to learn background information about the WIC Program, its operations and your role.

## How to Use This Module

The WIC Orientation Module is the foundation for learning about the WIC Program. This module contains required training activities that must be completed in order to successfully complete the Orientation Module that can be found on the Colorado WIC website under WIC Certification Program and is linked in the module. The additional training activities include:

### Videos to View:

- ☐ Welcome to WIC Video
- ☐ Saving the Children Story of WIC Video Part I and Part II

Each section contains a number of other learning activities that could include:

- Reading
- Responding to questions
- Reinforcement activities
- Practicing hands on

Each section begins with performance objectives that you should be able to achieve at the completion of the module. It is best to complete the sections in the sequence presented. Before beginning, discuss the training with your supervisor. Someone in your clinic should be available to demonstrate the techniques and skills you will need to become proficient in your job. Find out from your supervisor if there are any special instructions for you and to whom you should go for assistance, such as a trainer or preceptor.

The reference books you will use along with the *WIC Orientation Module* are the *Colorado WIC Program Manual* and the *Colorado WIC Program Mini-Manual*. Have these within reach as you begin this module. These manuals will become important to you on the job!

You must study and practice so that you may acquire the skills and the confidence needed to provide WIC services. If you have questions during your training, do not hesitate to ask your supervisor or your trainer for the answers.

The WIC Program provides specific nutritious foods, nutrition education and health care referrals to pregnant, breastfeeding and postpartum women, and to infants and children up to their fifth birthday. Take pride in knowing that you are contributing to a program that improves participating families' quality of life.

# **Section I: Welcome to the Colorado WIC Certification Program**

## **Performance Objectives**

Upon completion of this section, you should be able to:

1. Describe two main parts of the WIC Certification Program.
2. Create a schedule for your completion of the WIC Certification Program.
3. Identify and locate resources in the clinic that will provide information to do your job.

## **The Colorado WIC Certification Program**

The Colorado WIC Program includes 38 local agencies. Each agency is required to incorporate the Colorado WIC Certification Program into their local training program. Some agencies will provide a separate training for you while others may use primarily on-the-job training in conjunction with the Certification Program.

At the WIC clinic, a Certified WIC Authority (CWA) is a person who is trained and can determine the applicant's eligibility, appropriate risk factors and assign food packages. This person has completed Level I of the WIC Certification Program and will review the new employee's work until the new employee becomes a CWA. Each new employee should have a trainer or preceptor designated at the local agency. This designated person is responsible for tracking each new employee's progress in completing each training activity.

The Certification Program has two main parts: Required activities listed on the orientation checklist and on-the-job training.

## **Orientation Checklists:**

The Colorado WIC orientation checklists include modules, online courses, videos and review of resources and are comprised of three levels of competency. Level I focuses on WIC policies and procedures while Level II and III focus on life-cycle nutrition and participant-centered education (care). Each level has an orientation checklist that lists the required training activities and completion requirements.

The modules, online courses, and activities in each level of training are designed for self-paced learning. The orientation checklists are available on the Colorado WIC website. Your trainer or preceptor is available to assist with your questions, keep you on track, and evaluate your performance throughout these three levels.

The training activities contain a wealth of information you will need to perform your job in the WIC Clinic. Each item on the orientation checklist is available on the Colorado WIC website under Local Agencies>WIC Certification Program.

### **On-the-Job-Training:**

Each trainer will need to develop a training plan to assist the new employee with on-the-job training. This includes training activities around local policy and procedure, Compass, local agency referrals and resources and local public health agency requirements.

#### **Level I – Certified WIC Authority**

Certified WIC Authority (CWA) screens applicants to determine whether an individual is eligible for enrollment on the WIC Program. The CWA collects participant health and eligibility information and enters that information in Compass, the Colorado WIC computer system. This person must have completed all required activities outlined in Level I of the Colorado WIC Certification Program to be considered a CWA.

Prior to completing Level I, a WIC High Risk Counselor or experienced WIC Educator who is a CWA must review and sign off all participant records entered by the new employee to ensure that all eligibility criteria have been entered, including correct nutrition risk factors.

Level I consists of training experiences that enable you to:

- Discuss the purpose and function of WIC;
- Understand and perform the procedures to determine the eligibility of participants, including collecting height/length, weight, and hematological data, and assessing for nutrition risk factors;
- Enroll WIC participants and provide an initial explanation of WIC;
- Refer participants to other health care providers/agencies;
- Determine appropriate food packages and issue WIC checks; and
- Understand and effectively use the Compass computer system to perform routine and basic functions.

All activities in Level I must be completed within **three months** of employment. It is recommended that all new employees successfully complete Level I modules and post-tests prior to beginning the online Compass Training course. Upon completion of each activity, let your trainer know the results. Your trainer will electronically document completion in the Compass computer system. You may track and print your training completion along with your trainer by accessing Operations > Staff > Staff Competency panel in Compass. Use the orientation checklist as a reference of activities to be completed.

## Level II

Level II consists of information and learning experiences to develop and reinforce your understanding, confidence and ability to work with participants on nutritional issues of basic nutrition, pregnancy, infancy, childhood, and breastfeeding.

All activities in Level II must be completed within **six months** of employment. Upon completion of each activity, let your trainer know the results. Your trainer will electronically document completion in the Compass computer system. Once again utilize the orientation checklist as a reference of activities to be completed.

## Level III

Level III focuses on participant- centered education (PCE), also referred to as participant-centered care) and consists of WIC participant-centered counseling and nutrition education through such concepts as motivational interviewing, stages of change, rapport building, and transitioning from assessment to counseling based on participant's nutrition risks factors, needs, and interests. Optional opportunities to improve and develop your PCE skills are available through practice activity handouts in the resource section of the online course.

The Level III online course includes an introduction and nine modules:

- Introduction - Introduction to WIC Participant Centered Services
- Module 1 - What motivates people to change?
- Module 2 - The Spirit of PCE?
- Module 3 - Opening the conversation
- Module 4 - OARS
- Module 5 - Roadblocks to listening?
- Module 6 - Moving from assessment to counseling
- Module 7 - Providing Advice: Offering Nutrition Education
- Module 8 - Rolling with resistance
- Module 9 - Next Steps

The introduction and all nine modules need to be completed within **9 months** of employment. Once completed, let your trainer know the results so it can be electronically documented in the Compass computer system.

## Module and Online Course Post-Tests

After the completion of each module and online course the new employee will be required to complete a post-test which is offered through the [www.CO.TRAIN.org](http://www.CO.TRAIN.org) website. You will need to create a username and password if you have not accessed the website before. Certificates of completion will be available through CO.TRAIN once a new employee achieves a score of 90% or greater. In order for the completion of Levels I, II and III to become part of a new employee record your supervisor will need to enter the completion date in Compass. Tracking new



employee training in Compass creates a standardized and centralized means for documenting and viewing the completion of the WIC Certification Program.

## Professional Development

In addition to the WIC Certification Program, all WIC staff are required to complete at least two training sessions each year. The State WIC Office typically offers at least one educational opportunity each year such as a State Meeting or Regional Workshop.

## RESOURCES

Many resources are available from the State Office to help you stay current on health and nutrition topics. State Office directly emails some of these resources to you such as:

- ***Colorado WIC News*** - a bimonthly newsletter that highlights program and nutrition information specific to the Colorado WIC Program.
- ***Colorado Breastfeeding Update*** - a quarterly newsletter for health care providers that is emailed for distribution in their communities.
- ***WIC's WORLD*** - a quarterly newsletter distributed to WIC vendors (i.e., stores participating in the WIC Program) and is emailed to each WIC agency.

Resources available in your clinic and on the CO WIC Program's website:

- ***Colorado WIC Program Manual*** - contains all of the federal and state regulations, procedural, financial and reporting requirements.
- ***Colorado WIC Mini-Manual*** - is a condensed version of the *Colorado WIC Program Manual*. It is to be used as a reference for routine WIC procedures.
- ***Colorado Nutrition Risk Manual*** - contains the definitions and justifications for every Nutrition Risk Factor.
- ***Colorado WIC Formula Guide*** - This is primarily a reference book for use by the WIC high-risk counselor. It provides general information on infant formulas, special formulas, and medical foods. It identifies those products available through WIC.

As with any new job, your new job at WIC will require you to remember many details about policies and procedures. Use your WIC Mini-Manual to keep important information that you will need to look at frequently under the *Local Policies/Procedures/Referrals* tab. You will find a lot of helpful information in your Mini-Manual including items that you will use most often on-the-job. Feel free to individualize the *Local Policies/Procedures/Referrals* section by adding information that will be helpful to you! Update that section regularly to remove items you no longer need.

## Section II: Introduction To The WIC Program

### Performance Objectives

Upon completion of this section, you should be able to:

1. Define and describe the WIC Program to an applicant.
2. Identify the federal agency that administers the WIC Program.
3. Identify the state agency that directs the WIC Program in Colorado.
4. Discuss at least three ways the State's role differs from the local agency's (county's) role in the administration of the WIC Program.
5. Use the Colorado WIC Program Manual as the source to retrieve information on WIC Program policies and procedures.

### Training Activity: Understanding the WIC Program

View the video [Welcome to WIC](#). Listen for information regarding who is eligible for WIC, what the WIC foods are and whom they are for, and how WIC checks are used in the store.

Read the [Overview of the WIC Program](#) on the following pages. This overview will let you know just how important the WIC Program is to our nation and to Colorado. You will be more successful when you talk to people about "WIC" if you have some enthusiasm and a general understanding of the WIC Program.

View the video *Saving the Children: The Story of WIC*, [Part 1](#) and [Part 2](#).

Then, answer the "Self-check" following the overview.

## Overview of the WIC Program

### What is WIC?

WIC is a program officially named the "Special Supplemental Nutrition Program for Women, Infants, and Children." Congress created the WIC Program because research has shown that when women suffer from malnutrition during pregnancy, they and their unborn children are likely to have health and nutrition problems.

The most important times of a person's development are as a fetus, infant and young child. During these stages the body's future capacity for both physical and mental growth is determined. A proper supply of nutrients, from nutritious foods, can make the difference

between a healthy child and one whose nervous system and brain cells never develop to their full potential.

Because women and children with lower incomes are more vulnerable to poor nutritional status, Congress formally recognized the need for free and nourishing foods by passing specific legislation to establish the WIC Program in 1972.

### **The WIC Program's Main Benefits**

The main benefits to the participant on the WIC Program include: nutritious foods, nutrition education, breastfeeding education and support, and health care referrals. These benefits are all provided in a participant-centered manner. The term "participant-centered" refers to having an orientation that takes into account the participant's unique circumstances and perspective. WIC staff should direct the visit and follow all protocols while also striving to develop partnerships with participants based on trust and respect.

**Nutritious Foods** - The WIC Program provides nutritious food to supplement the regular diet of pregnant women, new mothers, infants, and children under age five who meet income standards and qualify as "nutritionally at risk" based on a thorough nutrition assessment.

The WIC food package is an **individual monthly food prescription** determined by the WIC staff. Some of the foods available include: milk, cheese, eggs, cereal, juice, whole grains, fruits, vegetables, infant formulas, fish, dried/canned beans and peanut butter. The foods in the individual monthly packages vary. For example, the mother of an exclusively breastfed baby (that is, her baby doesn't receive formula) is provided a few additional types of foods and larger quantities of some foods (e.g., eggs and cheese), than a breastfeeding woman who feeds her baby with some formula too.

The foods offered on the WIC Program were selected because they are rich in nutrients important for proper growth and development. These nutrients include:

Protein	Calcium	Vitamin A
Iron	Folic Acid	Vitamin C

The full effect of improving nutritional status is achieved only if the Program participant, not other family members, consumes the WIC foods.

**Nutrition Education** - The WIC Program also provides nutrition education to adult participants and to the parents and caregivers of child participants. They learn about the participant's specific nutritional needs, the nutrients necessary in the human diet and the foods that contain them. They are taught to shop for nutritious foods and to prepare well-balanced, economical meals.

**Breastfeeding Education and Support** – The WIC Program provides breastfeeding education and support to prenatal and postpartum participants. This includes:

- Breast pump loan
- Breast pump supplies
- Referrals
- Classes (in select agencies)
- Breastfeeding peer counselors (in select agencies)

**Health Care Referrals** - A major benefit of the WIC Program is the linkage to health care and community services for families that might otherwise have little contact with those services. WIC encourages all participants to obtain preventive and social service support through referrals to:

- Immunizations
- TANF
- Prenatal Care
- Dental Care
- Food Banks
- Substance Abuse Help
- SNAP
- Medicaid
- Breastfeeding Support Services
- Other Community Services
- Well Child Clinics
- HIV Testing, Counseling, and Treatment Sites

Studies have shown that WIC participants are more likely to visit health clinics for early prenatal care and periodic health exams for their children.

### **Support of the Local WIC Program**

Funding for WIC originates with the United States Department of Agriculture (USDA). USDA provides funds to State health agencies, Native American agencies, and other organizations to administer the WIC Program. In Colorado the Department of Public Health and Environment receives the USDA funds. The State WIC Office distributes the money to local WIC Programs. In Colorado, the local programs are part of health care agencies such as health departments, community health centers, and nursing services. Colorado also has a Native American agency that operates independently from the Colorado Department of Public Health and Environment. The State agency contracts with the local agencies, develops the food delivery systems, and monitors the operations of all local WIC Programs in the State. The local agencies certify participants, provide nutrition education, and distribute WIC food checks.

## **Roles and Responsibilities of WIC Staff**

Many different people, with a variety of skills, work together to provide WIC services. All local WIC programs have a WIC Director and at least one High Risk Counselor. WIC programs also have WIC Educators. The number of WIC staff usually depends upon the number of WIC participants at the clinic (caseload).

In some clinics, one person may have more than one role. For example, the WIC Director may also be the High Risk Counselor. The High Risk Counselor may also have the role of the Breastfeeding Coordinator. Some WIC clinics have Breastfeeding Peer Counselors, others do not. To learn more about Local Agency WIC jobs and roles please review the WIC Program Manual, under Local Staffing. As you read the descriptions, think about your role and where you fit in.

### **State Nutrition Consultant**

A state nutrition consultant is assigned to each local agency. Nutrition Consultants are Registered Dietitians and they visit the clinics to provide support, mentoring and guidance to your WIC program. They also provide technical assistance to local agencies regarding policies, procedures, clinic flow and best practices. Between visits your nutrition consultant is also available via phone or email. Ask your supervisor or trainer for the contact information for the consultant assigned to your agency. They are the direct point of contact if you have questions for the state.

## **WIC Research Findings**

Over 70 evaluation studies demonstrate the effectiveness of WIC and prove medical, health, and nutrition success for women, infants and children.

Numerous studies show that pregnant women who participate in WIC seek earlier prenatal care and consume a more healthy diet. They have longer pregnancies leading to fewer premature births; have fewer low and very low birth weight babies; and have fewer fetal and infant deaths. A low birth weight infant is more likely to face medical issues and even death than an infant born at a normal weight.

Studies show that for every \$1 spent on pregnant women in WIC results in a \$1.92 to \$4.21 in Medicaid savings for newborns (due to the reduced number of low birth weight infants needing extended hospital care) and their mothers.

These findings illustrate the success of WIC's primary elements; nutritious food, nutrition education and health care referrals for women, infants, and children nationwide.

## **Highlights of WIC's History**

The WIC Program was established on September 26, 1972, and authorized by Public Law 92-433. Initially, WIC was a small two-year pilot project serving approximately 205,000 participants with a \$20 million annual budget. By the mid-nineties, the Program was serving 9.1million people with an annual cost of about \$7.2 billion.

The WIC Program in Colorado began in 1974. Local agencies served a total of 2,870 participants at the end of 1974. Today Colorado WIC serves approximately 90,000 participants.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

The following begins a series of Self-Checks that occur throughout this module. As you come to each Self-Check, complete it right away. The answers are located at the end of the Self-Check.

1. Observe a WIC staff person providing WIC services to a new applicant. As you watch, listen to her description of the following:
  - The services provided by WIC
  - Explanation of WIC and participant's rights and responsibilities
  - The food package the participant will receive
  - Use of the WIC checks
2. Now you practice talking about the WIC Program! After work, talk to friends or relatives about your new job. Tell them what WIC stands for and explain what kind of program it is. Mention who is eligible, what criteria they must meet and what benefits the applicant receives.

## Touring the Colorado WIC Program Manual

The *Colorado WIC Program Manual* will be your central source of information regarding state and federal policies and procedures for administering the Program. It is the most valuable tool a WIC staff member has for the proper operation of the WIC Program. The *Program Manual* contains detailed explanations of all aspects of the Program. This manual is updated annually so make sure you always use the most recent version.

Below are brief descriptions of each section. Follow along and flip through the pages with each section:

- I. Introduction - includes the State Office staff directory
- II. General Information - provides a series of questions and answers about the WIC Program. Here you will learn who administers the Program, who is eligible for Program benefits, and which foods are provided to eligible participants.
- III. Federal Regulations - contains a copy of the federal rules and regulations that govern the operation of the WIC Program in all states.
- IV. Program Policy Letters - a section to insert new policy letters that have been distributed by the State WIC Office to local agencies during the current year. Your agency must update this section throughout the year as policies are rewritten and distributed.
- V. Fiscal Administration - describes the financial record and reporting systems required of local WIC agencies by the State WIC Office.
- VI. Retailer Participation - provides necessary information about how the WIC Program coordinates with the grocery stores that accept WIC food instruments (checks). You will learn what the responsibilities of the state and local WIC Program are, as well as the duties of the retailer (grocer).
- VII. Eligibility Guidelines - describes the standards used to determine whether applicants are eligible for WIC Program benefits. In this section it also describes the "Explanation of WIC" and a participant's rights and responsibilities.
- VIII. Clinic Procedures - describes in detail how the WIC Program operates in Colorado. It provides instructions on daily clinic procedures including, enrolling applicants, selecting food packages, producing and using food instruments, scheduling and appointment policies.
- IX. Nutrition Education/Breastfeeding Promotion & Support - provides information about how nutrition education services are delivered to WIC participants and documented in

the WIC records. It also contains a list of WIC's Breastfeeding Education Standards and information on implementing the Breast Pump Loan Program.

- X. Special Populations - describes the procedures for providing WIC benefits to populations needing special assistance such as homeless and migrant populations.
- XI. Monitoring - describes the procedures for evaluating local agency Program operation including Program management, nutritional assessment, education, civil rights compliance, accountability, and financial management. Directors, administrators and supervisors should read this section completely.
- XII. Fair Hearings - a guide for local and state administrators on how to implement fair hearing procedures for WIC participants who feel they have been denied benefits or treated unfairly by the local WIC agency.
- XIII. Civil Rights - outlines the procedures for complying with the Civil Rights Act of 1964 and USDA Regulations regarding civil rights, including processing complaints, collecting ethnic/racial data, and reviewing local agency compliance.
- XIV. Legislation - provides information describing the process that affects the regulations and funding levels of the WIC Program bill.
- XV. Outreach/Referral/Substance Abuse Referral - describes techniques to promote and advertise the WIC Program to potential participants. The section also describes the role of the WIC Program in directing participants to other services in the community, as necessary.
- XVI. Local Staffing - outlines suggested job descriptions for each local agency WIC position. The section also includes an outline of the WIC Certification Program requirements.



## Section III: Introduction to Eligibility Requirements

### Performance Objectives

Upon completion of this section, you should be able to:

1. Discuss the four criteria for an applicant to be eligible for the WIC Program.
2. Determine if an applicant is eligible, given certain criteria.
3. Use the Colorado WIC Program Manual to find information when eligibility questions arise.
4. Identify the minimum medical nutrition data required at a certification appointment.
5. Explain to an endorser the certification periods for a WIC participant.
6. Discuss *categorical ineligibility* to a participant.
7. Describe the priority system and identify which priorities are at higher medical/nutrition risk.
8. State the procedures for proper processing standards for new applicants.
9. Describe the process for making someone eligible.

### Getting On the WIC Program

To be eligible, applicants must meet four criteria:

1. Fit into a category as an infant, child up to five years of age, pregnant or breastfeeding woman (up to one year postpartum), or a woman who delivered up to six months ago,
2. Meet income guidelines (income less than or equal to 185% of the poverty level),
3. Live in the county where they are seeking eligibility, and
4. Have a documented nutrition and/or medical risk.

To apply, the applicant contacts the WIC clinic, usually by phone, and answers brief questions about their household, place of residence and income. Below is an example of the applicant intake process:

1. Applicant calls and asks if his/her family is eligible for WIC.
2. The family is screened for eligibility.
  - Do any of the following describe someone in the household?
    - Infants from birth to 1 year of age
    - Children up to 5 years of age
    - Pregnant woman
    - Postpartum women up to 6 months after delivery, or
    - Breastfeeding women for a period up to one year after delivery.

- Do they live in the area served by your clinic? If an applicant does not live in the area served by your clinic refer them to a WIC clinic that is.
  - How many people live in the household?
  - Is anyone in the family currently enrolled in any of the following programs?
    - Medicaid
    - Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
    - Temporary Assistance for Needy Families (TANF)
3. What is the household gross (before taxes or other deductions are withheld) income?
4. If the family meets all the eligibility requirements for residency, category and income, they are scheduled for a certification appointment. The WIC staff member tells them what information they need to bring to their appointment. Typically this is:
- Who needs to attend
  - Proof of ID for the parent/guardian and those who will receive benefits
  - Proof of address
  - Proof of all household income received during the last 30 days
5. If the family does NOT meet the eligibility requirements, they can be referred to other community resources.

At the first appointment, called a certification (enrollment) appointment, Certified WIC Authority (CWA) will:

1. Complete the intake process by collecting the proof of identity, residency and income.
2. Provide an opportunity to register to vote.
3. Explain the purpose of the WIC program.
4. Collect weight, height/length measurements, and perform an iron screening (if applicable).
5. Perform a thorough nutrition assessment, engaging the participant in a conversation about health, diet, and past/current medical conditions to determine the presence of nutrition risk factors.
  - This includes the assessment of anthropometric measurements (height or length and weight), iron screening (hematocrit or hemoglobin), discussion of health/medical condition(s), nutrition practices, lifestyle (physical activity and substance abuse or exposure to) and personal factors (income, education, culture, etc.).
  - Examples of nutrition risk factors for women are obesity, low maternal weight gain during pregnancy, low hemoglobin/hematocrit, a history of a premature birth, and poor nutrition practices, such as consuming a high protein, low carbohydrate diet.
  - Examples of nutrition risk factors for children and infants are underweight, overweight, slowed growth, low hemoglobin/hematocrit, and poor nutrition practices, such as regular consumption of sugar containing beverages.
6. Provide nutrition information.
  - Prioritize 1-2 topics of interest or concern to the participant

- Provide relevant information based on nutritional needs, household situations and cultural preferences.
  - Provide breastfeeding support and information to pregnant and postpartum women and their families.
  - Use handouts to help reinforce educational messages.
  - Work with the participant to establish “next steps”. (This is referred to as goal setting to help encourage participants to put into action something that was discussed during the appointment.)
7. Review the participants’ rights and responsibilities (see page 30) and have the participant sign, indicating they read and understood.
  8. Provide referrals to community resources, if needed.
  9. Document the nutrition education provided.
  10. Assign a food package based on each eligible family member’s category and nutrition needs. Print the WIC checks, provide a WIC Envelope, a WIC Allowable Food List, and instruct the participant on how to use their WIC checks.
  11. Schedule a return appointment.

Note: To maintain program integrity, two different CWA’s may perform eligibility determination and food benefit issuance (WIC checks) at most clinics. This is called Separation of Duties. Ask your supervisor how Separation of Duties is performed at the clinic you work in.

## **Nutrition Assessment**

To assess or measure a person’s nutritional status in WIC we collect information and assess the following areas:

- Measurements (length/height and weight)
- Iron Status (hemoglobin or hematocrit)
- Health/Medical Conditions – collected during the Nutrition Interview
- Nutrition Practices – collected during the Nutrition Interview
- Lifestyle (physical activity and substance abuse or exposure to) – collected during the Nutrition Interview
- Personal (income, education, race and ethnicity, etc.)

We gather this information from the participant in a variety of ways including in the nutrition interview, and by taking the participant’s measurements.

## **Nutrition Interview**

The Nutrition Interview in Compass contains a series of questions designed to assist staff with identifying nutrition risk factors for all participant categories. There are five Nutrition Interviews:

- Pregnant Woman,
- Breastfeeding/Not Breastfeeding Woman,
- Infant Breastfeeding/Partial,
- Infant Formula Feeding, and
- Child Interview

### **Understanding the Nutrition Interview:**

Compass will determine the appropriate interview based on the participant's category and breastfeeding status. When a new Nutrition Interview is created there are buttons along the side of the interview (e.g., Health/Medical, Nutrition Practices, Life Style, Social Environment, Breastfeeding Support, Breastfeeding Preparation, Immunization, and Oral Health). Not all of these buttons are available for every participant category. The different buttons pertain to areas of assessment. Within each of these buttons are questions used to assess the participant's health and nutritional status. In addition there are text boxes where staff can enter information and radio buttons that can be clicked for nutrition risk factor assignment. Finally, make note of the questions in bold font. These bolded questions are used for data reporting.

The computer will also automatically enter some "objective" risk factor codes. For example, if you enter a woman's birth date and the computer calculates her age as 15 years, she will automatically be risked with NRF 331A (less than 16 years old at the time of conception). On the other hand, the computer does not pick up "subjective" NRFs. Subjective risks must be added to the computer by the staff person.

### **Weight and Height/Length Monitoring Tools**

Another way of assessing nutritional status is by weighing and measuring participants and recording the results in the Anthropometric panel of Compass. There is a weight gain chart in Compass used for pregnant women and weight and length/height charts for boys and girls. You will learn more about weighing, measuring and monitoring in the Screening Module.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. Now, observe in the clinic. Watch someone being enrolled. Jot down your observations and answer the following questions:
  - a. What questions are asked to determine eligibility?
  - b. What measurements are taken?
  - c. What does the staff person tell the WIC participant about their rights and responsibilities?
  - d. What areas does the staff person assess to complete a thorough nutrition assessment?

## Certification Periods

The certification period is the time during which a participant is eligible to receive services. The *certification end date (CED)* is the day a participant's certification period ends. The CED will always be the last day of the month. The computer system allows you to recertify (re-enroll) participants up to 30 days before a participant's CED. Staff can find participant's CED in the Compass participant header. More specific information can be found on the Certification panel in Compass.

In general, the certification periods are:

- **Pregnant woman-** From the certification appointment through the duration of their pregnancy plus 6 weeks following delivery. Then may be recertified (re-enrolled) as a breastfeeding or non-breastfeeding woman after delivery.
- **Breastfeeding woman-** From certification appointment following delivery until baby's first birthday, as long as the mother continues to breastfeed.
- **Non-breastfeeding, postpartum women-** From certification appointment following delivery through 6 months after delivery.
- **Infants-** An infant from birth through 5 months of age may be certified until his/her first birthday. An infant who is 6 months to less than 12 months of age may be certified for 6 months.
- **Children-** Certified for 12 months at a time, then may be recertified for another 12 months for as long as they are eligible. Eligibility automatically ends at the end of the month in which the child turns 5 years of age.

## Nutrition Education Contacts

An important part of the WIC program is nutrition education. WIC participants receive nutrition education at their certification (enrollment), mid-certification, recertification (re-enrollment) and follow-up appointments. During a six month certification period (post-partum women), a minimum of two nutrition education contacts must be made available to participants, or to the parent or caretaker of infant and child participants. For certification periods greater than six months (infants, breastfeeding women and children), nutrition education contacts must be made available at least quarterly, or every three months.

**Nutrition Education Contact:** Typically an interaction between WIC staff and a participant that addresses individual nutrition, physical activity, and health.

Participants may receive their nutrition education contact as a one-on-one education or group education. There is also an alternative online nutrition education option, [wichealth.org](http://wichealth.org), for low-risk children participants during follow-up appointments. Ask your supervisor if your clinic promotes [wichealth.org](http://wichealth.org). All nutrition education contacts are documented in the participant's record in the Compass computer system. More specific information can be found in the online Compass Training: WIC Appointment Types.

### **High Risk Participants**

At WIC, participants with a serious health risk or dietary issue are identified as “**high risk.**” These participants must be referred to the WIC High Risk counselor within a certain time period.

### **Follow-Up Appointment**

Participants may receive their second nutrition education contact, following the certification appointment, as an individual follow-up appointment. At the follow-up appointment, the CWA talks with the participant to find out how s/he has been doing since the last WIC appointment.

During the follow-up:

1. Discuss the participant’s last visit, specifically the previous goal, referrals and plan.
2. Collect more medical data (growth measurement, iron screening) if necessary.
3. Provide participant-centered nutrition education.
4. Assign nutrition risk factors, if appropriate.
5. Discuss next steps and determine goals and a plan with the participant.
6. Provide referrals, if needed.
7. Document the nutrition education provided.
8. Provide checks for WIC foods.
9. Schedule a return appointment.

### **Mid-Certification Appointment**

A mid-certification appointment is for infants and children. Infants certified on WIC at birth through 5 months of age receive an infant mid-certification visit when the infant is 5-7 months of age. Children are scheduled a mid-certification appointment approximately 5-7 months after the certification or recertification visit.

The mid-certification appointment for an infant and child is similar. During the mid-certification:

1. Collect weight, height/length measurements, and perform an iron screening (if applicable).
2. Perform a thorough nutrition assessment to determine the presence of nutrition risk factors.
3. Provide nutrition information.
4. Provide referrals to community resources, if needed.
5. Document the nutrition education provided.
6. Provide checks for WIC foods.
7. Schedule a return appointment.

## Recertification

When the participant's initial certification period ends, s/he must be recertified (re-enrolled) to continue to participate in WIC. Recertification is similar to the initial certification appointment. The participant goes through the same process, and WIC staff update as needed any information that has already been collected and stored in Compass.

Note: To ensure program integrity, WIC staff may not certify or issue food benefits to themselves, relatives or close friends.

Below is an example of an appointment schedule for a certification period following a child's certification (enrollment) appointment in January:

**Appointment Calendar**

Date	Time	Notes
3/9/16	9:30 am	Follow-up appointment. Bring WIC Envelope
6/6/16	3:45 pm	Mid-certification appointment. Bring child and WIC Envelope
9/4/16	11:00 am	Follow-up appointment. Bring WIC Envelope
12/1/16	10:15 am	Recertification appointment. Bring child, immunization record, proof of income and address and WIC Envelope



*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

Read the following statements. Place a "T" (for True) or an "F" (for False) in the space to the left of each of the following statements:

1. \_\_\_\_ The certification period is the time during which a participant is eligible to receive WIC services.
2. \_\_\_\_ The process for recertifying a participant is almost identical to the initial certification.
3. \_\_\_\_ During a certification period only one nutrition education contact must be made available.
4. \_\_\_\_ Mid-certification appointments are for infants only.
5. How often do participants receive nutrition education?
6. What is the purpose of the certification and recertification appointments?

*ANSWERS*

1. True
2. True
3. False
4. False
5. During a six month certification period participants receive a minimum of two nutrition education contacts. For longer certification periods participants receive a nutrition education contact every 3 months.
6. To determine or re-determine if a person is eligible or ineligible for WIC services.

## Processing Standards

There are requirements for notifying new applicants of their eligibility or ineligibility to receive WIC services within specified timelines.

The following applicants must be offered a certification appointment, must be notified of their eligibility or ineligibility, and must receive food benefits if eligible within 10 calendar days of contacting the clinic to request WIC services.

- Pregnant women
- Homeless individuals
- Members of migrant populations

All other likely to be served applicants must be offered a certification appointment, notified of their eligibility or ineligibility, and, if eligible, must receive food benefits within 20 calendar days of contacting the clinic to request WIC benefits.

## Applying the Priority System

By now you may understand that women, infants and children on the WIC Program all have some nutrition concerns that qualify them for the WIC Program. These are Nutrition Risk Factors (NRFs).

Go to the Eligibility Section of the Program Manual to find the table of Nutrition Risk Factors which lists and provides brief explanations of all the possible nutrition risk factors for each category of WIC applicants (e.g., pregnant women, breastfeeding women, postpartum women, infants, and children). Familiarize yourself with the risk factors. Glance at the different risk factors. For practice, try to learn if you, your child, or a friend might have a risk factor that would potentially qualify them for WIC.

Unfortunately, there are times when changes in WIC funding affect who the Program can serve. Funding for the WIC Program is determined through a yearly budget process. If funding is adequate, all eligible individuals can participate on WIC. However, if funds are tightened or cut, some otherwise eligible individuals cannot be put on the Program.

There is a system to follow to know who can participate immediately and who must be placed on a waiting list. It is a "Priority System." In WIC there are six priorities (1-6); Priority 1 being the highest, and Priority 6 the lowest. When WIC clinics must cut back who they serve, it is the Priority 6 people who are first put on a waiting list.

Now look at the Nutrition Risk Factors again. You will note next to the nutrition risk factor definition is a column that lists the corresponding priority. The computer system automatically assigns a participant's priority based on their assigned nutrition risk factors.

## Documentation (Proof) of Identity, Residency and Income

After reviewing the different types of appointments you may be aware that participants are asked to bring in proof of identity, residency and income to each certification and recertification appointment. Staff need to review this information to determine the participant's current eligibility to receive WIC services. Staff are also responsible for documenting the information on identity, residency and income in the participant's Compass record. Take a moment now to look through the Eligibility section in the Program Manual for specific information on the topics presented below.

### Verifying Identity

Each time a person is certified or recertified for WIC, they must show proof of identity (ID). This includes infants and children, as well as pregnant and postpartum women. The endorser must also show identification. Proof of identity must also be shown when endorser/participant are attending a follow-up appointment or picking up food benefits at the clinic. This requirement is to help prevent fraud. WIC staff document the provided proof of identity on the Identity panel of the Compass system. For a list of allowed forms of ID look in the Eligibility section of the Program Manual.

### WIC Check Envelope

WIC endorsers are issued an envelope during their certification appointment, which serves as an identification card, an appointment card, and a place to keep WIC checks. Endorsers bring the check envelope to every WIC clinic visit. The check envelope not only serves as a proof of identification for follow-up, mid-certification and recertification appointments, it also contains a place to record the date and time of the participant's next scheduled WIC appointment.

The image shows a WICCHX Colorado WIC ID envelope form. At the top is the WICCHX Colorado logo. Below the logo, there is a section titled "This is your WIC ID envelope. Please bring it every time you go to the WIC clinic. Your signature below indicates you agree to the Rights and Responsibilities on the inside of this envelope." followed by three bullet points: "You MUST show this ID envelope at the store to cash your checks.", "The Endorser(s) or Alternate Shopper signature below must match the signature on the WIC checks.", and "Bring valid identification to the WIC clinic if a new ID envelope is needed." Below this text is a table with fields for "Endorser #1 Name", "Endorser #1 Signature", "Endorser #2 Name", "Endorser #2 Signature", "Alternate Shopper Name", and "Alternate Shopper Signature". Below the table are five rows for "Participant Name". At the bottom are fields for "Family ID Number" and "Clinic ID Number".

**Note:** Once identity has been verified at the certification visit staff recognition and the WIC envelope are acceptable forms of ID for recertification, mid-certification and follow up visits. Staff recognition and the WIC envelope are never an acceptable proof of ID at the first enrollment (certification) visit.

### Verifying Residency

Each time a person is certified or recertified for WIC, they must show proof of residency or address. Proof of residency will show that a person lives in Colorado and the local area that your clinic serves. This requirement is to ensure that the applicant lives within Colorado and within the agency's service area.

If a person lives in Colorado, but outside of your clinic's service area, give them the information to the local WIC agency that serves that area they live in. A list of local agency phone numbers is available on the WIC website.

Sometimes a participant may want to come to your clinic even though their home is in another clinic's service area. They may work or have childcare near your clinic, or your clinic may have staff who speak their native/primary language. We want to provide the best customer service to the participant and reduce barriers to participating on the WIC program. Talk to your supervisor about what to do in situations like these and the location of other WIC agencies/clinics nearby that may serve participants from your service area.

As a WIC employee you will regularly deal with participants' personal information. Keeping the information private and confidential is an important part of your job. Talk with your supervisor about your agency's procedures for protecting the confidentiality of WIC information.

### **Missing Documentation (Proof) - Provisional Certification**

Provisional Certification is when staff are able to temporarily enroll an individual for 30 days in WIC and provide one month of food benefits when not all proofs are provided at a WIC certification visit. Staff should be reasonably sure the individual meets the income guidelines. When proofs are not brought, staff should suggest other forms of acceptable proofs that the participant may have. For example, if a participant's ID does not list current address staff may ask if the participant's car registration/title/insurance is available and lists the current address. Or, a parent may not have ID for a child, but staff are able to access the Colorado Immunization Information System (CIIS) and use the child's on-line immunization record as proof of ID.

These guidelines must be followed in order to provisionally certify an individual who did not bring, but has all the required proofs:

- Participant must provide proof of ID
- Participant must have one of the two following proofs (in addition to ID):
  1. Residency or
  2. Income

The missing proof must be brought within 30 days. If the participant returns within the 30 day period with the necessary proof, the participant is certified, given food benefits, and is scheduled per WIC policy. If the missing proof is not brought within 30 days, the participant will be automatically terminated (removed) by the system and will have to enroll again. The system will not allow a second, subsequent 30-day provisional certification period if the participant does not provide the required documentation before the provisional certification

period ends in 30 days. Be sure to let the participant know what proof they need to bring and when they need to come back.

If a participant brings proof of identity but is missing proof for both residence **AND** income, the participant cannot be provisionally certified (temporarily enrolled) and food benefits may not be issued at this visit. Instead, schedule another WIC appointment for the participant to bring all required proofs.

### No Documentation (Proof) of Residency or Income

In rare situations, a person may **not have** documentation of address or income due to special circumstances (e.g., disaster, homelessness or migrant). In those situations they may verbally declare their residence and/or income. The verbally declared income and/or residence is recorded in Compass. The endorser/participant is asked to sign an affidavit captured in Compass that confirms their residence or income. The participant/s may then be certified for the normal time frame.

#### *SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. Read the Eligibility section of the Program Manual to answer the following:
  - a. List three acceptable forms of ID for infants/children
  - b. List three acceptable forms of proof of residency.
  - c. List three acceptable forms of proof of income
2. Practice what you would tell a participant about what “proofs” they need to bring to their certification appointment. You may practice silently to yourself or with a coworker.

#### *ANSWERS*

1.
  - a. Refer to the Eligibility section of the Program Manual for answers. The list may include: Medicaid card, passport, original or certified copy of birth certificate, U.S. immunization record, original Social Security card, Foster Child Papers, etc.
  - b. Refer to the Eligibility section of the Program Manual for answers.
  - c. Refer to the Eligibility section of the Program Manual for answers.

## Income Eligibility

Each time a person is certified for WIC, their income level is evaluated to determine if their household income falls within the *WIC Income Guidelines*. There are two ways to determine income eligibility:

1. Adjunctive Eligibility
2. Calculating household income

## Adjunctive Eligibility

Adjunctive eligibility is a term used to describe “automatic” income eligibility for WIC based on income screening already completed by other assistance programs. WIC accepts current participation in the following programs as evidence of financial eligibility for participation in WIC.

- Medicaid,
- Supplemental Nutrition Assistance Program (SNAP), and
- Temporary Assistance to Needy Families (TANF – also referred to as Colorado Works Program)

### SNAP /TANF

- If the household has SNAP benefits, all members of the household have adjunctive eligibility.
- If one member of the household receives TANF benefits, all members of the household have adjunctive eligibility.

### Medicaid

- If a pregnant woman or infant has Medicaid, all members of the household qualify for adjunctive eligibility (verify that the participant’s Medicaid is active).
- If a child has Medicaid, it only qualifies that child for adjunctive eligibility.
- If a foster child (even if an infant) has Medicaid, it qualifies only the foster child/infant for adjunctive eligibility because WIC considers the foster child/infant a one-person household.
- If a postpartum woman has Medicaid, it only qualifies her for adjunctive eligibility.

## Verifying Adjunctive Eligibility

The participant must show proof that they are currently eligible for the other programs. A Quest card (Electronic Benefits Card from SNAP) or Medicaid card alone cannot be used as proof because it does not show current eligibility. However, active eligibility for the programs can be determined through:

### SNAP or TANF\*

- An Award Letter/Eligibility Notice

- Colorado Peak
- Colorado Benefit Management System (CBMS) printout

\* Can view proof electronically (smart phone or computer) or the participant may provide a hard copy.

#### Medicaid

- Medicaid portal or Medicaid toll free number

**NOTE:** Not all local agencies have access to the Medicaid portal, an online way for WIC staff to verify participant eligibility. Talk with your supervisor to see if this is an option. Otherwise, every staff member can access the Medicaid toll free number to verify Medicaid enrollment.

Participants who are adjunctively eligible will still need to be asked to verbally state their gross monthly income (before taxes or deductions are withheld) and that figure must be documented in Compass.

WIC staff members are expected to always ask for adjunctive eligibility **first** and only use other forms of proof of income, such as check stubs, if the participant is **not** adjunctively eligible. Participants should not be asked to provide another proof of income if staff verify active enrollment in Medicaid/SNAP/TANF. Screening for adjunctive eligibility streamlines the income eligibility determination process for participants, thus making it easier for individuals to receive WIC benefits.

#### Calculating Household Income

If a family does not bring in proof that they are adjunctively eligible, then you must calculate their total household income to determine eligibility. WIC must verify all sources of income for the household for the last 30 days. The household size and total income are compared to the WIC Income Guidelines to determine if the family is eligible for WIC.

For WIC purposes, a household is defined as:

- A person or group of people, related or not, who usually (though not necessarily) live together and whose income and consumption of goods and services are shared.
- For pregnant women, each baby she is carrying is counted as an additional household member. For example, increase the family size by one for a singleton pregnancy. If the woman is carrying twins increase the family size by two, triplets by three, etc.

It is reasonable to assume that people living together (other than those living in institutional setting and homeless facilities), whether related or not, are likely to be receiving support and have some shared resources. This would make them members of the household unit with whom they live according to WIC's definition of a household.

## Income

Include the income of all household members for the last 30 days. Generally, the type of proof of income used for calculating income includes:

- Current pay stubs for the last 30 days
- Unemployment benefits stub
- Social Security, Social Security Disability
- Foster child/parent placement letter
- Signed letter from employer stating gross earnings for the last 30 days
- Military Leave and Earnings Statement (LES)
- Letter of alimony or child support payments

Income information is entered on the Income panel in Compass. You can enter more than one source of income. Compass then calculates the total monthly income from all sources of income entered.

NOTE: For detailed information on calculating income, income to include in calculation and uncommon situations see the WIC Program Manual.

### Examples of Household Size and Income Determination

Sabrina lives alone in an apartment. She is pregnant with twins. She works and receives \$250 a month from her father. Household size = 3 (pregnant woman with twins). Sabrina's income from her job and the money received from her father must be included in the income determination.

Josefina lives with her boyfriend. They have a 2 month-old baby who lives with them. Josefina works part-time and her boyfriend works full-time. They cook their meals together and shop together. Household size= 3. Income for both adults must be included in the income determination.

Ada has a 3-year old son and lives with a roommate. She works and so does her roommate. She and her roommate split the bills evenly and each pays half. Ada and her son buy their food separately. Household size = 2. Only Ada's income needs to be considered in the income determination.

### WIC Income Guidelines

To be eligible on the basis of income, applicants' gross income (i.e., before taxes and other deductions are withheld) must fall at or below 185 percent of the U.S. Poverty Income Guidelines. WIC uses the federal poverty guidelines to determine the WIC *Income Guidelines*. The federal government updates the guidelines each year. If a family's income falls below the levels on the WIC Income Guidelines, they have an income that qualifies them for WIC. This is



done by verifying all sources of income for the household **for the last 30 days**. The household size and total income are compared to the WIC *Income Guidelines* to determine if the family is eligible for WIC. The most current version of the guidelines can be found in your Mini-Manual and on the WIC website.

### **Special Circumstances**

**In some cases, income calculation is different than normal.**

#### Foster Children

Foster children are counted as a household size of one (1). Use only the payment the foster family receives for the child care as the income.

#### Transfers

A WIC participant can transfer their certification (enrollment) to another county or state if they move. Participants transferring from another state should arrive with a VOC (Verification of Certification) form or card. Participants transferring within Colorado do not need a VOC. You can look up their certification information in Compass. If a transferring participant's certification period has not ended, they are eligible for WIC services at your clinic. You do not need to rescreen their income eligibility. They will need to show ID and current proof of residency.

#### Split or Joint Custody

The child can only qualify for WIC in one parent's household. However, if at any time a caregiver or additional endorser arrives at the WIC clinic with legal proof of full (100%) custody of a child participant, endorser'ship may be changed with accompanying proof of identification. WIC staff are discouraged from taking sides or making decisions regarding endorser'ship. In difficult situations, staff can refer caregivers to the Department of Human Services for assistance.

### *SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

Look through Eligibility section in the Program Manual and refer to the WIC Income Guidelines to answer the questions about each situation:

1. You receive a call from a woman who is breastfeeding her 13 month old. She wants to know if she is eligible. Is the mom eligible?
2. The Diaz family walks in wanting to know if they are eligible for the WIC Program. The family consists of Maria, who is pregnant, Mark, her husband, and their two children: Alfonzo, a 2 year old boy and Sophie a 6 year old girl. The family makes \$30,000 annually.
  - Is the family income eligible for the WIC Program?
  - Which members of the family are categorically eligible?

3. Debbie Morgan calls. She is a single parent of a one month old baby. The baby was premature and is being fed a special formula through a tube to receive extra calories. The mother works full time and makes \$3,900 a month. No one in the family receives Medicaid.
  - Is the family income eligible for the WIC Program?
  - Which member of the family may be categorically eligible?
4. Shay Newton, a breastfeeding woman, attends her certification (enrollment) appointment with her 5 month old son. She works a full time job and gets paid every two weeks. For proof of income she brought one pay check stub from the previous two week period. She tells you her income stays the same on each check stub and she usually doesn't keep her old check stubs. Can she be certified (enrolled) on the WIC program?
5. Juliet just had her baby, Willie, who is 2 weeks old. She brought her Medicaid card and tells you she applied for Medicaid for Willie yesterday but doesn't have a Medicaid card for him yet. She didn't bring any other proof of income to the appointment. Does Juliet's active participation in Medicaid adjunctively qualify her and her baby, Willie?

#### ANSWERS

1. No, because she doesn't fit into any of the 3 categories:
  - Pregnant,
  - Breastfeeding women up to their baby's first birthday,
  - Non-breastfeeding women up through 6 months postpartum.
2. Yes, they are income eligible. Because Maria is pregnant, she and the fetus count as two members of the household. Maria and Alfonzo would be categorically eligible. (Find under Eligibility - Definitions of WIC Population and Financial Eligibility Criteria - DHHS Income Poverty Guidelines)
3. No, she is over income for her family size. Both mom and baby are categorically eligible but not income eligible and therefore would not qualify for WIC. (Find under Eligibility - Financial Eligibility Criteria - DHHS Income Poverty Guidelines and Definitions of WIC Population)
4. No. All income proofs must be presented for the last 30 days. Shay may be provisionally certified for 30 days in order to give her more time to obtain 30 days of check stubs.
5. No. Juliet is a postpartum woman and adjunctive eligibility does not apply to other categorically eligible family members. Juliet must supply another proof of income in order to qualify Willie.

## **Becoming Familiar with the WIC Participants' Rights and Responsibilities**

The WIC Rights and Responsibilities Form describe the WIC participant's rights and responsibilities. It is very important that they sign the Compass signature pad to indicate that they understand all the information on the form.

Read the WIC Rights and Responsibilities Form on the following page. Summarize these points in your head so that you will be able to explain the information to the person who chooses not to read the form or has questions.

Observe and listen to WIC staff explaining the WIC Program to participants and asking them to sign the signature pad.

Note that the form is in English and Spanish. You may need to explain the points to an interpreter for a person who speaks another language.

## **Colorado WIC Program RIGHTS AND RESPONSIBILITIES**

### **Responsibilities:**

- I have provided my current income to the WIC clinic and will notify the WIC clinic if my income changes.
- I know it is important to keep WIC appointments. If I cannot make an appointment, I will call in advance to reschedule.
- I know I may be removed from the program if I do not contact my WIC clinic within two months after my food benefits expire.
- I will always treat clinic staff and store employees with respect.
- I know that attempting to get benefits from more than one WIC clinic at a time is illegal.
- I will not sell or try to sell my eWIC card or WIC food benefits. I will not return WIC foods or other items for cash or credit. I will not sell or try to sell my eWIC card or food benefits reported as lost or stolen.
- If I provide incorrect information or misuse WIC benefits, I may be taken off the WIC Program and/or asked to pay money for benefits wrongfully received.
- I am responsible to ensure that all who shop with my eWIC card adhere to these same rules and responsibilities.

### **As a WIC participant:**

- I know that the local WIC agency will make health services, nutrition education and breastfeeding support available to me and I am encouraged to participate in these services.
- I understand that my record can be read by staff of the Colorado Department of Public Health and Environment (CDPHE).
- I understand that the Executive Director of the CDPHE may authorize the sharing of my WIC information with specific health and education programs. Such information will be used by State and local WIC agencies and public organizations only in the administration of their programs that serve persons eligible for the WIC Program. These programs may use this information for the following purposes: to determine my eligibility for their programs; to provide me with information about those programs and make the application process easier; to improve my health, education or well-being if I am already enrolled in their programs; and to make sure my health care needs have been met.
- I have read or been advised of my rights and responsibilities. I have provided correct information about my eligibility for this federal program. Program officials may verify the information I provided. I know if I lie or hide facts to get WIC foods I am not eligible to receive, that I may be required to repay the cash value of those foods and may be subject to civil or criminal prosecution under state and federal law.

**Rights:**

- I understand that the standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, sex, disability, and age.
- If I disagree with a decision that affects my WIC eligibility or WIC benefits, I have 60 days from the date of notice to file an appeal and ask for a Fair Hearing. Instructions to request a Fair Hearing may be obtained from this WIC Agency or from the Colorado WIC Program website: [Coloradowic.com](http://Coloradowic.com)
- I can file a complaint if I believe I have been treated unfairly.

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

## Section IV: Introduction to Compass



### Performance Objectives:

Upon completion of this section, you should be able to:

1. Locate the Compass User Help in the Compass system.
2. Locate the How Do I... section in the Mini Manual.

### Compass Computer

Compass is a web-based system which means it resides on a server that is accessible via the web. Clinics are typically connected to Compass via the internet and information is transferred over the internet.

### Using the Compass User Help

Learning Compass is best done through observing coworkers and on-the-job training. However, you have a reference available -- the *Compass User Help* and the *How Do I... section of your Mini Manual* where many answers can be found. The User Help describes procedures for doing many Compass system activities and provides information on various screens. Locate the Compass User Help within the Compass system by clicking the F1 key on the keyboard or by choosing User Help from the Help menu. The How Do I...section is a quick

reference guide on how to complete various procedures in Compass, including guides for different appointments, transfers, participant searches, formula exchange and much more.

Additionally, there are times when you will need to contact the WIC Help Desk. The WIC Help Desk is staffed by State Office personnel.

#### Contact Information for the WIC Help Desk

**Hours:** 8:00 p.m. – 5:00 p.m.

**Email:** cdphe.wicinfo@state.co.us

**Phone Numbers:** Local 303-692-2307

**Long Distance:** 1-800-306-9918

Follow the instructions provided in the recording to access the appropriate mailbox. Do not bypass the message.

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

Read the “Certification Appointment” quick reference guide in the How Do I... section of your Mini Manual to answer the following question.

1. Under what Compass panel would you document a woman’s prenatal/postpartum information?
  - a. Anthropometrics
  - b. Nutrition Interview
  - c. Pregnancy
  - d. Application

*ANSWER*

1. The answer is d. A woman’s prenatal/postpartum information such as Expected Due Date (EDD), pre-pregnancy weight, actual delivery date, etc. is entered in the Pregnancy Panel.

## Section V: Civil Rights

### Performance Objectives:

Upon completion of this section, you should be able to:

- Define WIC's policy on Civil Rights.
- State six protected classes.
- Explain why it is important for WIC programs to follow Civil Rights rules and regulations.
- Explain how to correctly process a Civil Rights claim.

## Civil Rights & the WIC Program

### WIC Policy

"No person shall be excluded from participation in, denied benefits of, or otherwise subjected to discrimination by the WIC Program on the grounds of race, color, national origin, sex, age or disability."

### Legislative History

WIC Civil Rights policy resulted from the following:

- Title VI and VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in Federally Assisted Programs (i.e., WIC, SNAP).
- Title IX of the Education Amendments of 1972 is designed to eliminate discrimination on the basis of sex or gender in any educational program or activity receiving Federal financial assistance. Title IX covers the WIC Program because of the required nutrition education component.
- Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap or disability in programs and activities receiving or benefiting from Federal financial assistance.

The WIC Program has a responsibility to provide services to handicapped or disabled participants that:

- Are equal to those provided to non-handicapped or non-disabled participants
- Are in the most integrated setting appropriate to each person's needs
- Don't limit participation because of the handicap or disability
- Don't deny them the opportunity to serve on a planning or advisory board because of a handicap or disability
- Allow full participation without physical barriers restricting access to the Program



The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability. The Age Discrimination Act ensures that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Because Section 17 of the Child Nutrition Act of 1966, as amended, defines the purpose of the WIC Program as provision of benefits specifically to pregnant women, breastfeeding women, postpartum women, infants, and children of certain age limitation, the eligibility determination according to age in itself is not a violation of the civil rights laws.

## WIC Civil Rights Activities

Colorado WIC is required to:

### 1. Collect data on applicant/participant race/ethnicity.

- Data is used to generate reports required by the Federal government.
- Self-identification is the preferred means of obtaining information about an individual's race and ethnicity.
- Staff are required to clearly explain that the information is only for statistical use by USDA and WILL NOT be used for any other purpose.
- Data collected has NO effect on eligibility.
- Ethnicity is reported as:
  - **Hispanic or Latino – Yes or No**  
USDA definition: “*Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race. The term, ‘Spanish origin,’ can be used in addition to Hispanic or Latino.”
- Race is reported as:
  - **American Indian or Alaskan Native**  
USDA definition: “*American Indian or Alaska Native.* A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.”  
**(Native to North, South, or Central America)**
  - **Asian**  
USDA definition: “*Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.”

- **Black**  
USDA definition: “*Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as ‘Haitian’ or ‘Negro’ can be used in addition to ‘Black or African American.’”
  - **Native Hawaiian or Other Pacific Islander**  
USDA definition: “*Native Hawaiian or Other Pacific Islander.* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.”
  - **White**  
USDA definition: “*White.* A person having origins in any of the original peoples of Europe, Middle East, or North Africa.”
- The State WIC Office ensures that racial/ethnic beneficiary data are collected and maintained on file for three years for all local WIC agencies.
  - State agencies and the Federal government use the data during routine compliance reviews to determine how effectively the Program is reaching potentially eligible participants, identify areas where additional outreach is needed, and assess compliance with the Title VI Civil Rights Act of 1964.

## 2. Give public notification:

- WIC is required to have a system in place to inform applicants and participants of their rights and responsibilities.
- Federal regulations require that the following non-discrimination statement be used on all materials used to inform the public about or describe the WIC Program (such as outreach and referral materials), denial and termination letters, missed appointment policies, reminder materials, eligibility standards, and program applications.

### **Nondiscrimination Statement:**

*“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

*(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights*

*1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;*

*(2) Fax: (202) 690-7442; or*

*(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*

A civil rights statement is not required to be imprinted on items such as cups, buttons, magnets, and pens that identify the WIC Program, when size or configuration make it impractical. In addition, recognizing that radio and television public service announcements are generally short in duration, the nondiscrimination statement does not have to be read in its entirety. Rather, a statement such as **"WIC is an equal opportunity provider"** is sufficient to meet the nondiscrimination requirement. Finally, nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the program are not required to contain the nondiscrimination statement.

If internal and interdepartmental newsletters, as well as those meant for participants and/or other outside agencies, convey WIC benefits and participation requirements, they most likely are a part of the notification process and should include the non-discrimination statement.

This requirement can be met by including appropriate inserts in existing materials and publications. Also, when current materials, publications, pamphlets, and brochures have been exhausted, the non-discrimination statement must be included on all reprints and new materials.

Nondiscrimination poster:

The nondiscrimination poster, *And Justice for All* MUST be displayed in a prominent place at all clinics.

Give Program information in the appropriate language spoken by the person.

Have bilingual staff or other translation resources available for non-English speaking persons.

Ensure WIC offices are accessible for persons with disabilities.

Address the needs of participants who live in rural areas.

Accept all complaints alleging discrimination based on race, color, national origin, sex, age, or disability.

- Any person alleging discrimination can file a complaint within 180 days of the alleged discriminatory action.
- All civil rights complaints must be accepted:
  - Written, oral or anonymous

#### **What to do if you receive a civil rights complaint:**

- Notify your WIC supervisor immediately.
- Provide forms for written complaints or direct complainant to the form on the USDA website.
- Take detailed notes of oral complaints and complete the USDA Program Discrimination Complaint Form.
- Assist the complainant in completing the USDA Program Discrimination Complaint Form (Form #80) and send to the state WIC office Civil Rights Coordinator within two (2) days.
- Document the complaint in the Customer Service Log in the Compass system and the Civil Rights Complaint Tracking Log (Form #81)

For more details see *Colorado WIC Program Manual*, Civil Rights section.

- Complainants or their authorized representative should be directed to complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. They may also write a letter containing all of the information requested in the form (see copy of form in this section). The completed, signed complaint form or letter may be mailed, faxed, or emailed to USDA at the addresses below:

**Mail**

U.S. Department of Agriculture  
Director, Office of Adjudication  
1400 Independence Avenue, SW  
Washington, DC 20250-9410

**Fax**

(202) 690-7442

**E-mail**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

For help filling out the form, instruct the complainant to call any of these telephone numbers:

(202) 260-1026 (Local)  
(866) 632-9992 (Toll-free Customer Service)  
(800) 877-8339 (Local or Federal relay)  
(866) 377-8642 (Relay voice users)

### *SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

Practice talking about the WIC Program. Explain to a co-worker the six protected classes under WIC Civil Rights policy.

Discuss with your supervisor the differences between civil rights complaints and customer service complaints.

## Section VI: Providing Drug Abuse Information in the WIC Program

### Performance Objectives:

Upon completion of this section, you should be able to:

- Identify WIC's role in providing information about the risk of alcohol, tobacco and other drugs.
- Identify why alcohol, tobacco, and other drugs are incompatible with good nutrition.
- Identify risks of alcohol, tobacco and other drugs use to the fetus during pregnancy.
- Identify possible effects of alcohol, tobacco and drug use on breastfeeding for the breastfeeding mother and for the breastfed infant.
- Identify Colorado WIC Program's method of screening participants for alcohol and other drug use.
- Identify methods and demonstrate ability for providing alcohol, smoking and drug information and referrals to WIC participants.
- Identify resources available for informing WIC participants on the dangers of alcohol and other drug use during pregnancy.

### WIC Policy

WIC staff must provide information on the dangers of drugs and other harmful substances to all prenatal, breastfeeding, and postpartum women and parents or caregivers of child participants and, if appropriate, refer for further assessment and treatment. Local WIC agencies must maintain a current list of local resources for substance abuse counseling and treatment. These requirements come from the Anti-Drug Abuse Act of 1988 and The Child Nutrition & WIC Reauthorization Act of 1989.

### Rationale

Smoking, exposure to secondhand smoke, alcohol and drugs present health risks for all categories of WIC participants. Examples are below.

- During pregnancy, a mother's exposure to these substances can result in poor pregnancy outcomes such as birth defects, low birth weight, small for gestational age and prematurity (being born 3 weeks or more before their due date).
- Infants who are exposed to drugs in the womb experience withdrawal after birth.

- Smokers and those exposed to secondhand smoke have increased risk for developing asthma and other respiratory illness. The risks for infants and young children are especially high because they are growing so rapidly.
- A breastfeeding mother passes on the chemicals that she has been exposed to. Infants are less able to process these.
- Drug and alcohol abuse can lead to impaired ability of caregivers and result in abusive family situations and neglect.

**Smoking, alcohol, and drug use also have negative effects on nutrition:**

- Tobacco, alcohol, and other drugs tend to suppress the appetite and can therefore interfere with healthy eating habits and normal weight gain during pregnancy.
- Drugs can deplete the pregnant woman and her fetus of the nutrients needed for healthy growth.
- Cyanide in cigarette smoke strips nutrients from food so that the fetus is deprived.
- Alcohol can interfere with the absorption of essential nutrients and may decrease the supply of needed nutrients to the fetus.
- The placenta provides nourishment and oxygen to the fetus; substances ingested have the potential to get to the fetus through the placenta.
- Marijuana can have adverse effects on development. Use during pregnancy has been linked to developmental delays. Marijuana is secreted in human milk, and may affect the baby.

**WIC Recommends:**

**Abstinence**—scientists know that these substances can cause harm. Each person is different and so is each situation. Sometimes a small exposure can cause a great deal of harm. There are no “safe limits” and any exposure is a gamble.

**Get help**—Cigarettes, alcohol and drugs each contain addictive substances. People who want to quit can increase their chance of being successful at quitting by getting help and support. WIC staff should become knowledgeable about resources for referral.

**Pregnancy and Smoking:**

Smoking causes a decrease in the amount of oxygen the baby receives causing the baby to be born too small. In other words, the baby may not get enough oxygen for adequate growth. In addition, cigarettes contain thousands of chemicals such as carbon monoxide (gas that comes out of car exhaust), acetone (found in nail polish remover), ammonia(found in toilet cleaner), and formaldehyde (used to preserve dead bodies). Smoking is also associated with prematurity and sudden infant death syndrome (SIDS).

### **Pregnancy and Alcohol:**

Infants exposed to alcohol in utero can suffer physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

#### **Alcohol can damage the fetus by:**

- Constricting the blood vessels, alcohol interferes with blood flow in the placenta, which hinders the delivery of nutrients and oxygen to the fetus.
- Triggering cell death in a number of ways, causing different parts of the fetus to develop abnormally.
- Creating toxic by-products that may become concentrated in the brain of the fetus when the alcohol is broken down by the body.

More severely affected infants are classified as having Fetal Alcohol Syndrome (FAS). FAS is characterized by abnormal facial features, growth deficiencies, and central nervous system (CNS) problems. People with FAS might have problems with learning, memory, attention span, communication, vision, hearing, or a combination of these. These problems often lead to difficulties in school and problems getting along with others. FAS is a permanent condition. It affects every aspect of an individual's life and the lives of his or her family.

### **Pregnancy and Drugs**

- Drugs can cross the placenta resulting in birth defects and fetal death
- Drugs can impair the placenta leading to poor fetal growth
- Drugs can also cause miscarriage and preterm birth
- Babies born to moms who use drugs can be born addicted

### **Pregnancy and Marijuana**

While marijuana is now legal for adults over 21 in Colorado it is still illegal federally.

Tetrahydrocannabinol (THC) the chemical in marijuana that provides the "high" can pass from the mother to the fetus through the placenta. The fetus is exposed to THC used by the mother. Use of marijuana during pregnancy is associated with negative effects on exposed children, no matter when it is used during pregnancy. The negative effects include decreased academic ability, cognitive function and attention. These effects may not appear until adolescence.

- Just like alcohol or tobacco, being legal does not make it safe. There is no known safe amount of marijuana use during pregnancy.
- Some hospitals test babies after birth for drugs. If the baby tests positive for THC at birth, Colorado law says child protective services must be notified.



### **Breastfeeding and Smoking**

- Chemicals in cigarettes can interfere with milk production and can lead to inadequate milk supply and early weaning
- Chemicals in cigarettes can interfere with the let-down reflex
- Mothers who smoke should wait to smoke until after a feeding to minimize the chemicals in her breast milk.

### **Breastfeeding and Alcohol**

- Alcohol can reduce the let down reflex and the quantity of milk
- Breastfeed before drinking
- If a mother drinks to excess, she should pump and dump the next feeding

### **Breastfeeding and Drugs**

- A woman who is taking prescription medications should talk with her doctor about their safety during breastfeeding.
- Many prescription medications can be taken safely during breastfeeding.
- Illegal drugs should not be taken while breastfeeding. These drugs can get into the breast milk and affect the infant. Stimulant drugs such as amphetamines can make infants irritable. Drugs like heroin, marijuana, and methadone can make infants feel poorly and drowsy. Exposure to drugs can also make infants drug-dependent.

### **Breastfeeding and Marijuana**

Because of the potential risks to the baby, the American Academy of Pediatrics states that marijuana should not be used while breastfeeding.

- THC consumed by the mother enters her breast milk and can be passed from the mother's milk to her baby, potentially affecting the baby.
- THC is stored in the body in fat, and babies have a high percentage of body fat, including in their developing brains. Because THC is stored in fat, it remains in the body for a long time.
- "Pumping and dumping" breast milk will not work the same way it does with alcohol. Alcohol is not stored in fat so it leaves the body faster.



## Specific Drugs and Their Effects

Drug	Possible Effects
Alcohol (beer, wine, coolers)	Use may increase risk of spontaneous abortion, premature delivery, vaginal bleeding, premature separation of the placenta, fetal distress, intrauterine growth retardation, low birth weight. No level of alcohol consumption has been proven to be free from risk.
Amphetamines (speed, uppers, crystal, meth)	Use may increase risk of premature delivery, low birth weight and fetal abnormalities. Infants whose mothers used amphetamines while pregnant also may have abnormal sleep patterns, tremors, rigid muscles, and may feed poorly.
Cocaine (coke, snow, blow)	Use of cocaine increases the risk of spontaneous abortion, placental separation, premature delivery, low birth weight and shorter length, cerebral infarction, reduced head circumference, and neurological abnormalities. Infants of cocaine-using mothers may have problems with muscle control and the ability to orient.
Crack (rock)	Use of crack increases the risk of premature delivery, growth retardation, and reduced head circumference. Increased risk of spontaneous abortion, placental separation, cerebral infarction, and neurological abnormalities.
Hallucinogens (PCP, LSD, Peyote)	PCP readily crosses the placenta, but little is known about effects. A small study showed infants had more instability and were less easily consoled than other drug exposed infants.
Inhalants (glue)	Defects similar to those in FAS – abnormal facial features and mental retardation.
Marijuana	Use of tetrahydrocannabinol (THC) the chemical in marijuana that provides the “high” during pregnancy is associated with negative effects on exposed children. The negative effects include decreased academic ability, cognitive function and attention. These effects may not appear until adolescence. Any THC consumed by the mother enters her breast milk and can be passed from the mother’s milk to her baby, potentially affecting the baby.
Narcotics (heroin, smack)	Toxemia, stillbirth and neonatal death, premature placental separation, eclampsia, placental insufficiency, breech, premature labor, ruptured membranes. Infants may exhibit withdrawal symptoms.

Drug	Possible Effects
Sedatives, Hypnotics, Tranquilizers (valium, ativan, downers, ludes)	Use during 1st trimester increases risk of fetal malformations including cleft palate, lip anomalies, malformations of the heart, arteries, and joints. Use during the last months of pregnancy associated with withdrawal symptoms for infant.
Tobacco (chew, cigars, pipes, and snuff also)	Use of tobacco increases the risk of placental separation, vaginal bleeding during pregnancy, low-lying placenta, ruptured membranes, premature birth, low birth weight and shorter length. Also associated with increased incidence of miscarriage, fetal death and stillbirth. Babies of smokers are more likely to die of SIDS Environmental tobacco smoke can cause respiratory conditions in newborns. Children of smokers are more likely to become smokers than those whose parents do not smoke.

The Colorado WIC Program screens all participants for AOD (alcohol or other drugs) use through questions in the Nutrition Interview. Based on participant responses the following nutrition risk factors are applied:

NRF 371: Maternal Smoking

NRF 372A: Alcohol and illegal drug use (includes marijuana) (pregnancy)

NRF 372B: Alcohol and illegal drug use (includes marijuana) (breastfeeding and non-breastfeeding postpartum)

NRF 904: Environmental Tobacco Smoke Exposure

A key strategy to support healthy mothers and healthy babies is to prevent initiation of smoking and promote cessation (to quit) before, during, and after pregnancy by providing referrals to smoking cessation support programs. WIC staff can identify those who smoke and their willingness to quit. The Ask, Advise, Assist, Arrange steps provides guidance in implementing a brief intervention for smoking cessation.

- **Ask:** every participant if they smoke (or are exposed to second hand smoke), drink or use drugs
- **Advise:** give a clear message explaining the dangers of the behavior and the advantages of quitting
- **Assess:** the participant's interest in quitting. For participants who are "not ready to quit" ask them to discuss their reasons. Often people who have addictions are afraid that they won't be successful. You may be able to help them by providing a referral to an agency that can assist them.

- **Assist:** If the participant is willing, refer her to an appropriate agency or program. Some things that you can do to help increase the chances that the participant will follow through with the referral: Give the participant written information with the name, address and telephone number. Call the agency while the participant is in the office to set up the visit.
- **Arrange:** Follow up with the participant to see how things are going.

WIC is required to maintain and make available a list of local resources. Receiving such a list may prompt some participants to voluntarily seek out services. This information can be featured on bulletin boards, posters, in individual discussions, group session, or distributed as handouts or flyers.

### **Non-Judgmental Focus**

- Scare tactics are inappropriate.
- Guilt is not productive and will not motivate a pregnant woman to change nearly as effectively as praise.
- Negative comments will not motivate.
- Keep the prevention message positive!

### **Examples of negative comments:**

- Your drinking has already damaged your baby.
- If you really loved your baby, you would not drink so much.
- Continued drinking will ruin your health and prevent your child from developing normally.

### **Examples of affirming statements:**

- If you stop drinking now, you have a better chance of having a healthy baby.
- Your concern for your baby will help you be a good mother.
- You will feel better when you are sober and so will your child.

### **Techniques for Delivering Effective Messages**

- Show compassion
- Be accurate and specific
- Be realistic and positive
- Use active listening skills

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

Role-play the following with your trainer.

1. Discuss WIC's role in providing information about AOD.
2. Discuss our basic recommendation about AOD and why WIC has this "simple message."

## Section VII: Providing Referrals in the WIC Program

### Performance Objective:

Upon completion of this section, you should be able to:

1. Identify WIC's role in providing referrals.

### WIC Policy

One of the functions of the WIC Program is to ensure the provision of appropriate referrals to health and public assistance programs to Program applicants, participants and designated proxies. The referral process also informs applicants who are ineligible for the WIC Program of other programs and services that may benefit them. There are two types of referrals:

- Directing a participant to a medical professional due to a medical need.
- Directing a participant to other community agencies/services for educational or social needs.

In order to have a good system of referrals, staff should learn about community services in their local area. Staff make informal referrals when they tell a participant about a service (e.g., the local food bank) and give information. A more formal referral happens when staff contacts another agency (e.g., the participant's doctor) to notify a medical need or concern.

Some common referrals in the WIC Program include:

- Child Support Enforcement Programs
- Colorado QUITLINE
- Drug and Alcohol Abuse Treatment Programs
- Domestic Violence Programs
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
- Expanded Food and Nutrition Program(EFNEP)
- Family Planning
- Food Assistance Programs/Food Banks
- Head Start and Early Head Start
- Health Care Program for Children with Special Needs (HCP)
- HIV testing services and treatment programs
- Homeless Shelters
- Immunizations
- Lactation Support

- La Leche League
- Lead Screening
- Medicaid/CHP+
- Mental Health Services
- Oral Health Services
- Nurse Family Partnership
- Temporary Assistance to Needy Families (TANF)
- Public Health Nurse
- Supplemental Nutrition Assistance Program (SNAP)

*SELF-CHECK: PRACTICE YOUR KNOWLEDGE*

1. Ask your supervisor if you have a listing of local community services. Review the list and find out more about the services you are unfamiliar with.

## Training Activity

Once you have completed this module, please take the Orientation Module on-line post-test. For access instructions please visit the Colorado WIC website. **Good Luck!**